PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10822013

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			41				Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			S g minus 20=		* 3 a			X\$ 9=	27:04	OR	X\$18=	
INDEPENDENT CLAIMS			\		* 9			X42=	377	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESEI			RESENT					+140=	140	OFI	+280=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	L	TOTAL	1183	OR	TOTAL	
CLAIMS AS AMENDED - PART								CMALL	ENITITY	OB.	OTHER SMALL	
		(Column 1) CLAIMS		(Colu		(Column 3)	-	SMALL E		OR I I	JIMALL I	
ENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN'	T CLAIM			+140=		OR	+280=	
							L	TOTAL			TOTAL	
								DDIT. FEE		OR	ADDIT. FEE	
_		(Column 1) CLAIMS			mn 2) HEST	(Column 3)						4001
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		1	+140=		OR	+280=	
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
P P M	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	1 t	X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	IULTIPLE DE	PENDEN	IT CLAIN	1	J ├					
	If the entry in colu	ımn 1 is loce than	the entry in co	lumn 2 wri	ite "O" in o	olumn 3		+140=		OR	+280=	
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
1	The "Highest Nur	mber Previously P	aid For" (Total	or Indepen	dent) is th	e highest numb	er fou	nd in the ap	propriate bo	ox in co	olumn 1.	